

**FIS Dispute Resolution Center
Dispute/Fraud Cover Sheet**

FRAUD INVESTIGATION FORM

1. My mailing address is _____
My telephone number at home is () _____ and at work is () _____
2. My credit/debit card was issued by [Institution Name] and the account number is _____
3. The above card was requested by me. YES NO
4. The following other person(s) were issued card(s) in their name(s) with the same account number as my Card:

5. To the best of my knowledge, my Card was: (check one of the following)
 Loston approximately _____ (Month/Day/Year)
 Stolenapproximately _____ (Month/Day/Year)
 Never Received
 In my possession at all times when the fraudulent transaction(s) occurred.
6. I learned of the fraud on approximately _____ (MM/DD/YYYY). I reported my card lost/stolen on _____ (MM/DD/YYYY).
7. The transactions listed on the following page(s) of this form were (check the box next to each true statement):
 Not made or authorized by me.
 To the best of my knowledge not made by any person who was authorized to use my Card.
 To the best of my knowledge not made by any person listed in Section 4 above.
8. I did not receive any benefit from the transactions listed on the following page(s).
9. I do do not have knowledge of the identity of the person(s) illegally using my name, account number or Card. (If you have such knowledge, please provide this information in the section provided on the bottom of page two.)
10. I give my consent to my financial institution to release any information regarding my Card and/or Card Account to any federal, state or local law enforcement agency so that the information can, if necessary, be used in the investigation and/or prosecution of any person(s) who may be responsible for fraud involving my Card and/or Card Account.

For your protection, California law requires that the following appear on form. Any person who knowingly presents a false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

Primary
Cardholder Signature: _____

Secondary
Cardholder Signature: _____



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List of Unauthorized Transactions

(If you are aware of additional fraud charges that are not listed, please add them below or to the backside of this page.)

Transaction Date	Transaction Amount	Merchant Name

If you have done business with the merchant(s) listed above in the past and think that this may be a billing error, please provide any information you have in the space below. This information will allow us to properly dispute the transaction(s) with the merchant.

If you have any knowledge of the identity of the person(s) who used your account number or Card, please provide any information you have in the space below. If you have filed a police report, please attach a copy of the report, or provide the name of the police station, the phone number and the case number (if you were given one).

Additional Comments

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Cardholder Certification of Fraudulent Activity

Card #:

Cardholder Name: (please print)

First: _____ Last: _____

Unauthorized (I am positive I did not make this transaction)
I did not make not authorize the charge(s), or authorize anyone else to make the charge(s). I give my permission
for my card to be blocked and for a new account number to be issued to me if necessary.

At the time of the fraudulent transaction(s) occurred, my card was (check one):
 In my possession Not in my possession

Cardholder
Signature: _____ Date: _____

Note: FIS has final responsibility to determine the correct reason code based on information provided and investigation results.

Dispute of Fraudulent Use of a Credit Card, ATM Card, or Debit Card

Credit Card
 ATM Card
 Debit Card

CARDHOLDER INFORMATION

I make this dispute for the purpose of establishing the fraudulent use of my card. I did not give, sell or trade my Credit/ATM//Debit to anyone nor give anyone permission to use my card(s), I have no knowledge that my spouse or minor children made any transaction(s) on or after that date of the first fraudulent transaction indicated below. I did not receive any benefit from the unauthorized use of my Credit/ATM/Debit card.

Cardholder / Members Name(s) _____

No. of Cards Issued _____

Date Loss Discovered _____
 Card Account Number _____
 Type of card loss
 Lost Stolen Never Received
 In my possession at all times when fraud occurred

LIST UNAUTHORIZED CREDIT/ATM/DEBIT TRANSACTIONS BELOW
 Date Loss Reported to Credit Union _____
 Date of First Fraudulent Transaction _____

(A system screen print of the transactions can be provided as an attachment instead of listing them below)

Transaction Number	Date	Amount	Transaction Number	Date	Amount

Name and Address of Unauthorized User (if known) _____

Please provide details (if necessary) on a separate sheet _____

 Has this loss been reported to police department?
 Yes No
 Authority contacted _____
 Address _____
 Phone () _____

SIGNATURES

I give my consent to the credit union to release any information regarding my card/and or card account to any local, state and/or federal law enforcement agency so that the information can, if necessary, be used in the investigation and/or prosecution of any person(s) who may be responsible for fraud involving my card and/or card account. Further, I understand I may be required to comply with a court order or subpoena to give testimony. I swear this affidavit is true and understand that making a false sworn statement is subject to federal and/or state statutes and may be punishable by fines and/or by imprisonment.

NOTICE: Any person who knowingly and with intent to injure, defraud, or deceive any insurance company, submits a statement of claim containing any false, incomplete or misleading information commits a crime.

Member Signature _____

Co-Applicant/Authorized Signer _____